

Please complete this application and fax to 1-417-869-6222  
If you have questions please call 1-888-869-6119.

**APPLICANT**

Full Legal Business Name:		TaxId:	
Billing Address:	City:	State:	Zip:
Phone:	Fax:	Contact:	
Time in Business: ___ Yrs. ___ Mo.	Cell Phone:	Email:	
Type of Business: ___ Corporation ___ Partnership ___ LLC ___ Sole Ownership	#ofCars InFleet _____		

BANK REFERENCES			COMP DEBT-REFERENCE		
			Limousine Loan Accounts References (*REQUIRED)		
Bank 1 Name			LENDER Name 1		
City	State		Acct#	Loan\$	
Phone:	Fax:		Phone:	CONTACT:	
Contact:			City	State:	Zip:
Account #	Date Opened:	Yr	LENDER Name 2		
*****ESTIMATED AVERAGE BALANCE			Acct#	Loan\$	
Bank 2 Name			Phone:	CONTACT:	
City	State		City	State:	Zip:
Phone:	Fax:		LENDER Name 3		
Contact:			Acct#	Loan\$	
Account #	Date Opened:	Yr	Phone:	CONTACT:	
*****ESTIMATED AVERAGE BALANCE			City	State:	Zip:

**BUSINESS OWNER INFORMATION**  
*Personal guarantor information is required!*

First	M.	Last	First	M.	Last
Street	DOB:		Street	DOB:	
City:	ST:	ZIP:	City:	ST:	ZIP:
Title:	HmPhone:		Title:	HmPhone:	
CELL PHONE:	PAGER:		CELL PHONE:	PAGER:	
SS#	Rent	Own	SS#	Rent	Own
US CITIZEN ___ Yes ___ No			US CITIZEN ___ Yes ___ No		

PREFERRED DOWN PAYMENT \$ \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION (X)** DATE: \_\_\_\_\_

I understand this application is for business equipment financing. I hereby warrant that I am authorized by the company listed in this application to submit for financing. By submitting this application, I authorize Springfield Commercial Finance and/or its financial institutions/companies to obtain credit information, bank account information and to compile and furnish lenders with any information that is required. Submission of this application further warrants that all information furnished is true, complete and accurate.

Please fax completed application WITH 3 months business bank statements to 1-417-869-6222

**Springfield Commercial Finance**  
2032 E. Kearney, Ste. 107 \*\*\* Springfield, MO 65803